



General Assembly

Substitute Bill No. 50

February Session, 2010

* ____SB00050INS__031110__ *

AN ACT CONCERNING ORAL CHEMOTHERAPY TREATMENTS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-504 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective January 1, 2011*):

3 (a) Each insurance company, hospital service corporation, medical
4 service corporation, health care center or fraternal benefit society
5 [which] that delivers, [or] issues for delivery, renews, amends or
6 continues in this state individual health insurance policies providing
7 coverage of the type specified in subdivisions (1), (2), (4), (10), (11) and
8 (12) of section 38a-469, shall provide coverage under such policies for
9 the surgical removal of tumors and treatment of leukemia, including
10 outpatient chemotherapy, reconstructive surgery, cost of any
11 nondental prosthesis including any maxillo-facial prosthesis used to
12 replace anatomic structures lost during treatment for head and neck
13 tumors or additional appliances essential for the support of such
14 prosthesis, outpatient chemotherapy following surgical procedure in
15 connection with the treatment of tumors, and a wig if prescribed by a
16 licensed oncologist for a patient who suffers hair loss as a result of
17 chemotherapy. Such benefits shall be subject to the same terms and
18 conditions applicable to all other benefits under such policies.

19 (b) Except as provided in subsection (c) of this section, the coverage
20 required by subsection (a) of this section shall provide at least a yearly

21 benefit of five hundred dollars for the surgical removal of tumors, five
22 hundred dollars for reconstructive surgery, five hundred dollars for
23 outpatient chemotherapy, three hundred fifty dollars for a wig and
24 three hundred dollars for a nondental prosthesis, except that for
25 purposes of the surgical removal of breasts due to tumors the yearly
26 benefit for such prosthesis shall be at least three hundred dollars for
27 each breast removed.

28 (c) The coverage required by subsection (a) of this section shall
29 provide benefits for the reasonable costs of reconstructive surgery on
30 each breast on which a mastectomy has been performed, and
31 reconstructive surgery on a nondiseased breast to produce a
32 symmetrical appearance. Such benefits shall be subject to the same
33 terms and conditions applicable to all other benefits under such
34 policies. For the purposes of this subsection, reconstructive surgery
35 includes, but is not limited to, augmentation mammoplasty, reduction
36 mammoplasty and mastopexy.

37 (d) (1) Each policy of the type specified in subsection (a) of this
38 section that provides coverage for intravenously administered and
39 orally administered anticancer medications used to kill or slow the
40 growth of cancerous cells, that are prescribed by a prescribing
41 practitioner, as defined in section 20-571, shall provide coverage for
42 orally administered anticancer medications on a basis that is no less
43 favorable than intravenously administered anticancer medications.

44 (2) No such policy shall reclassify such anticancer medications or
45 increase the coinsurance, copayment, deductible or other out-of-pocket
46 expense imposed under such policy for such medications, to achieve
47 compliance with this subsection.

48 Sec. 2. Section 38a-542 of the general statutes is repealed and the
49 following is substituted in lieu thereof (*Effective January 1, 2011*):

50 (a) Each insurance company, hospital service corporation, medical
51 service corporation, health care center or fraternal benefit society
52 [which] that delivers, [or] issues for delivery, renews, amends or

53 continues in this state group health insurance policies providing
54 coverage of the type specified in subdivisions (1), (2), (4), (11) and (12)
55 of section 38a-469 shall provide coverage under such policies for
56 treatment of leukemia, including outpatient chemotherapy,
57 reconstructive surgery, cost of any nondental prosthesis, including any
58 maxillo-facial prosthesis used to replace anatomic structures lost
59 during treatment for head and neck tumors or additional appliances
60 essential for the support of such prosthesis, outpatient chemotherapy
61 following surgical procedures in connection with the treatment of
62 tumors, a wig if prescribed by a licensed oncologist for a patient who
63 suffers hair loss as a result of chemotherapy, and costs of removal of
64 any breast implant which was implanted on or before July 1, 1994,
65 without regard to the purpose of such implantation, which removal is
66 determined to be medically necessary. Such benefits shall be subject to
67 the same terms and conditions applicable to all other benefits under
68 such policies.

69 (b) Except as provided in subsection (c) of this section, the coverage
70 required by subsection (a) of this section shall provide at least a yearly
71 benefit of one thousand dollars for the costs of removal of any breast
72 implant, five hundred dollars for the surgical removal of tumors, five
73 hundred dollars for reconstructive surgery, five hundred dollars for
74 outpatient chemotherapy, three hundred fifty dollars for a wig and
75 three hundred dollars for a nondental prosthesis, except that for
76 purposes of the surgical removal of breasts due to tumors the yearly
77 benefit for such prosthesis shall be at least three hundred dollars for
78 each breast removed.

79 (c) The coverage required by subsection (a) of this section shall
80 provide benefits for the reasonable costs of reconstructive surgery on
81 each breast on which a mastectomy has been performed, and
82 reconstructive surgery on a nondiseased breast to produce a
83 symmetrical appearance. Such benefits shall be subject to the same
84 terms and conditions applicable to all other benefits under such
85 policies. For the purposes of this subsection, reconstructive surgery
86 includes, but is not limited to, augmentation mammoplasty, reduction

87 mammoplasty and mastopexy.

88 (d) (1) Each policy of the type specified in subsection (a) of this
89 section that provides coverage for intravenously administered and
90 orally administered anticancer medications used to kill or slow the
91 growth of cancerous cells, that are prescribed by a prescribing
92 practitioner, as defined in section 20-571, shall provide coverage for
93 orally administered anticancer medications on a basis that is no less
94 favorable than intravenously administered anticancer medications.

95 (2) No such policy shall reclassify such anticancer medications or
96 increase the coinsurance, copayment, deductible or other out-of-pocket
97 expense imposed under such policy for such medications, to achieve
98 compliance with this subsection.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>January 1, 2011</i>	38a-504
Sec. 2	<i>January 1, 2011</i>	38a-542

INS *Joint Favorable Subst.*